

## **Initial Use Tax Return**

Sales Tax and Licensing Division 749 Main Street Louisville, CO 80027 303.335.4524 or 303.335.4570

Business Name					City License Number		
Mailing Street or P.O. Box							
Mailing Ci	ty						
Mailing State				Mailing ZIP			
This retur	n is due on the 2	0 <sup>th</sup> day	y of the month following the month in which business	started in	Louisville.		
			DESCRIPTION		TAXA	BLE AMOUNT	
1	OFFICE FURNITURE, SUPPLIES, AND EQUIPMENT: Computers, software or software licenses/fees, office furniture, office supplies, phones, printers, copiers, fax machines, etc.						
2	RETAIL FURNITURE, EQUIPMENT AND FIXTURES: cash registers, counters, display racks and cases, shelving, booths, tables, chairs, restaurant furnishings, etc.						
3	FOOD SERVICE PROCESSING EQUIPMENT AND SUPPLIES: coolers, freezers, ovens, fryers, mixers, knives, kitchen equipment and supplies, tableware, barware, linens, catering equipment, etc.						
4	MANUFACTURING, WAREHOUSE AND SHOP EQUIPMENT: equipment, supplies, tools, compressors, conveyors, packaging equipment, balers, forklifts, machinery, etc.						
5	MEDICAL TOOLS, EQUIPMENT, AND SUPPLIES: beds, chairs, disposable supplies, sterilization equipment, medical/dental tools, laboratory equipment, etc.						
6	SIGNS AND OTHER OUTDOOR DISPLAYS						
7	CLEANING, JANITORIAL, AND MAINTENANCE SUPPLIES						
8	ALL OTHER TANGIBLE PROPERTY AND TAXABLE SERVICES: installation of phone equipment/apparatuses and installation and monitoring of alarm or security systems						
9	TOTAL TAXABLE AMOUNT (sum of lines 1 through 8): do not include any separately stated labor, shipping or freight charges						
10	GROSS USE TAX DUE (line 9 x 3.65%)						
11	CREDIT FOR LA	CREDIT FOR LAWFUL TAX PAID TO LOUISVILLE OR OTHER CITIES					
12	NET USE TAX D	USE TAX DUE (line 10 minus line 11)					
LATE FILING CHARGES		13	LATE PENALTY (10% of line 12, or a minimum of \$15, whichever is greater)		eater)		
Add if return will be							
postmarked after the due date		14 INTEREST ON LATE PAYMENT (1% of line 12 per month past due)					
15	TOTAL AMOUNT DUE (sum of lines 12 through 14)						
I certify that the information in this return is true and correct to the best of my knowledge.		Signature			Title		
		Printed Name Date		Date			